

# Payment to Agency Report

# A Public Document

PAYMENT TO AGENCY REPORT

## 1. Agency Name

California Housing Finance Agency

Division, Department, or Region (if applicable)

Legal Division, MS 1440

Street Address

500 Capitol Mall, Suite 1400, Sacramento, CA 95814

Area Code/Phone Number

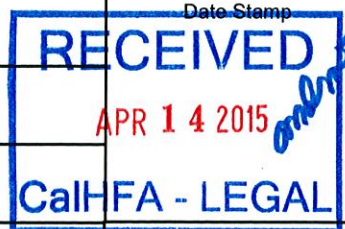
(916) 326-8488

Email

jojima@calhfa.ca.gov

Agency Contact (name and title)

JoJo Ojima



California Form 801  
For Official Use Only

☐ Amendment (explain in comment section)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

## 2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

American Conference Institute

Name

45 West 25th Street, 11th Floor

New York

NY

10010

Address

City

State

Zip Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

## 3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

### 3.1 (a) Travel Payment

Location of Travel

Dates (month, day, year)

Transportation Provider

☐ Rail

☐ Air

☐ Bus

☐ Auto

☐ Other

Check Applicable Boxes

Name of Lodging Facility

\$ \_\_\_\_\_  
Lodging Expenses

\$ \_\_\_\_\_  
Meal Expenses

\$ \_\_\_\_\_  
Transportation Expenses

\$ \_\_\_\_\_  
Other Expenses

\$ \_\_\_\_\_  
Total Expenses

### 3.1 (b) Payment(s) not related to travel:

1/16-1/17/14

\$ 595.00

Dates (month, day, year)

Total Expenses

### 3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Discounted admission to seminar "Residential Mortgage Litigation and Regulatory Enforcement" in Los Angeles, CA. Regular price \$2,295.00; government rate \$1,595.00; discount \$595.00; Agency paid \$1,000.00. Discount applied because my colleague was a panelist at one of the presentations.

### 3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Tauriainen

Claire

Attorney III

Legal Division

Last Name

First Name

Position/Title

Department/Division

Last Name

First Name

Position/Title

Department/Division

## 4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature

Tia Boatman Patterson

Print Name

Executive Director

Title

04/14/2015  
(month, day, year)

Comment:

(Use this space or an attachment for any additional information)

FPPC Form 801 (Jan/14)  
advice@fppc.ca.gov

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